

# Automated External Defibrillator (AED) Program and Policy

Revised: March 2026



KRS 311.667  
KRS 311.668  
29 CFR §801.109

# Commonwealth of Kentucky Transportation Cabinet Automated External Defibrillator (AED) Policy

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March 2026

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March 2026

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AED Cabinet Program Coordinator  
Administrative Branch Manager  
Transportation Cabinet  
March 2026

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Dr. Lori Caloia  
Deputy Commissioner for  
Clinical Affairs  
Department for Public Health  
AED Medical Oversight Physician  
March 2026

**Purpose:** This Automated External Defibrillator ("AED") Policy is applicable to the Transportation Cabinet and its employees. It is designed to provide guidance to Transportation Cabinet employees in the purchase, placement, and administrative management of the Cabinet's AED Program. This policy has been developed to align with the AED Policy adopted by the Commonwealth of Kentucky Executive Branch Personnel Cabinet. The Transportation Cabinet chooses to adopt this AED Policy and shall be responsible for overseeing its administration.

I. Transportation Assignments

A. AED Medical Oversight Physician:  
Dr. Lori Caloia, Deputy Commissioner  
Department for Public Health  
Office: 502-564-3970

**Responsibilities:**

- Provide medical oversight of the Transportation Cabinet's AED Policy;
- Review and approve protocol for AED deployment and guidelines for emergency procedures related to the use of AEDs (Appendix A);
- Review the Post-Event Review form (Appendix B) generated from AED use and if available, information downloaded from the AED; and
- Provide annual review to verify compliance (summarized and presented by the AED Program Coordinator) with requirements for training, maintenance, notification, and communication to local emergency systems pursuant to KRS 311.667(1)(c).

B. AED Cabinet Program Coordinator-Transportation Cabinet:  
Jon Lam 270-303-0357

**Responsibilities:**

- Revise procedures as required and review the plan annually;
- Monitor effectiveness of the Cabinet's plan;
- Communicate with the AED Medical Oversight Physician on issues related to medical emergency response program;
- Complete and forward Post-Event Review form to the AED Medical Oversight Physician;
- Select employees for AED training and distribute AED-trained employee lists as required;
- Coordinate training of emergency responders;
- Ensure monthly equipment maintenance check reports are completed and retained on file for three (3) years;
- Make reports available upon request to the AED Commonwealth Program Coordinator and AED Medical Oversight Physician;
- Document equipment, maintenance, accessories, and locations on a monthly basis;
- Maintain files of specifications/technical information sheets for each approved AED model assigned or utilized by the Cabinet; and
- Communicate with the local Emergency Medical Services/Fire Department(s) on location of AEDs in the facilities if applicable.

C. Equipment

1. Any AED unit installed or replaced in the Transportation Cabinet shall be in conformity with the unit being replaced. If the electrodes and/or batteries of a particular unit have met their expiration date, they must be replaced. For additional help in purchasing or securing replacement devices, contact the AED Commonwealth Program Coordinator.
2. AEDs should be placed in locations where they can be easily accessed, and they should be located near first aid stations, if possible. Guidelines suggest an optimal response time of three (3) minutes or less. Things to consider in AED placement may include the building layout, the likelihood of more physical activity taking place in a particular area, and areas with high visitor activity.

D. The Transportation Cabinet's AED inventory is detailed as follows:

1. Central Office: Appendix D
2. Department of Highways Districts: Appendix E

E. Additional resuscitation equipment requirements:

1. Each AED unit shall have one set of defibrillation electrodes located in its case.
2. One resuscitation kit shall be connected to the handle of each AED. All resuscitation kits shall contain:
  - i. two (2) pair latex-free gloves,
  - ii. one (1) razor,
  - iii. one (1) set of trauma shears, and one (1) facemask barrier device.

F. Maintenance:

3. All equipment and accessories necessary for support of medical emergency response shall be maintained in a state of readiness. Specific maintenance requirements include:
  - i. The AED Cabinet Program Coordinator will ensure monthly equipment maintenance check reports are completed and will retain these on file for three (3) years. Reports will be made available upon request for the AED Commonwealth Program Administrator or AED Medical Oversight Physician. Report TC25-170 (Appendix D) or equivalent electronic records should be utilized.
  - ii. The AED Cabinet Program Coordinator is to be immediately informed of any change in availability of emergency medical response equipment. If equipment is withdrawn from service, the AED Cabinet Program Coordinator is to be informed of the withdrawn service within one (1) business day of the withdrawal. The AED Cabinet Program Coordinator shall also be notified within one (1) business day of equipment return to service.

- II. The AED Cabinet Program Coordinator will be responsible for informing trained personnel, property owners, or security personnel of changes in availability of emergency medical equipment. The AED Cabinet Program Coordinator will be responsible for informing trained personnel, property owners, or security personnel of changes in availability of emergency medical equipment.
  - A. Per 803 KAR 2:310, Section 2(2): Employers with eight (8) or more employees within an establishment shall have persons trained to render first aid.
  - B. KRS 311.667 Requirements for person or entity acquiring an automated external defibrillator.  
<https://apps.legislature.ky.gov/law/statutes/statute.aspx?id=:30606>

In order to ensure public health and safety:

1. A person or entity who acquires an AED shall ensure that:
  - i. Expected AED users receive American Heart Association or American Red Cross training in CPR and AED use, or an equivalent nationally recognized course in CPR and AED use;
  - ii. The AED is maintained and tested according to the manufacturer's operational guidelines;
  - iii. There is medical oversight of the AED program by a physician licensed in Kentucky to ensure compliance with requirements for training, maintenance, notification, and communication with the local emergency medical services system. The physician providing oversight shall also work with the AED site to establish protocols for AED deployment and conduct a review of each use of an AED; and
  - iv. Any person who renders emergency care or treatment on a person in cardiac arrest by using an AED activates the local emergency medical services system as soon as possible and, if an entity with an AED program, reports any clinical use of the AED to the licensed physician.
2. Any person or entity who acquires an AED shall notify an agent of the local emergency medical services system and the local emergency communications or vehicle dispatch center of the existence, location, and type of AED acquired.

Effective: July 15, 2024

History: Amended 2024 Ky. Acts ch. 66, sec. 1, effective July 15, 2024. -- Created 2000 Ky. Acts ch. 16, sec. 3, effective July 14, 2000

- C. Several Transportation Cabinet employees are trained and certified to use AEDs by completion of a Cardiopulmonary Resuscitation (CPR/First Aid (FA)/AED certification class. Any Cabinet employee that would like to be CPR/FA/AED certified should contact the Cabinet AED Program Coordinator. Protocol for AED use is in Appendix B as a reference.

- D. The approved training course for CPR/FA/AED in the Transportation Cabinet is American Red Cross Adult First Aid / CPR / AED r. 25 provided by the Transportation Cabinets certified Instructors.
- E. Training records will be retained for three (3) years and made available to the AED Medical Oversight Physician or the AED Commonwealth Program Administrator upon request.
- F. Pursuant to KRS 311.667(1)(d), an individual that uses an AED, or a bystander if available, shall activate the local emergency medical services system as soon as possible.

#### IV. Responder Liability

KRS 311.668 Immunity from civil liability for user of automated external defibrillator  
-Exemption from KRS 311.667 for Good Samaritan.

<https://apps.legislature.ky.gov/law/statutes/statute.aspx?id=30607>

(1) Any person or entity who, in good faith and without compensation, renders emergency care or treatment by the use of an AED shall be immune from civil liability for any personal injury as a result of the care or treatment, or as a result of any act or failure to act in providing for or arranging further medical treatment, where the person acts as an ordinary, reasonable prudent person would have acted under the same or similar circumstances.

(2) The immunity from civil liability for any personal injury under subsection (1) of this section includes the licensed physician who is involved with AED site placement, the person or entity who provides the CPR and AED site placement, the person or entity who provides the CPR and AED training, and the person or entity responsible for the site where the AED is located.

(3) The immunity from civil liability under subsection (1) of this section does not apply if the personal injury results from the gross negligence or willful or wanton misconduct of the person rendering the emergency care.

(4) The requirements of KRS 311.667 shall not apply to any individual using an AED in an emergency setting if that individual is acting as a Good Samaritan under KRS 313.035 and 411.148.

**Effective:** July 15, 2024

**History:** Amended 2024 Ky. Acts ch. 66, sec. 2, effective July 15, 2024. -- Amended 2010 Ky. Acts ch. 85, sec. 21, effective July 15, 2010. -- Created 2000 Ky. Acts ch. 16, sec. 4, effective July 14, 2000.

#### V. After AED Use:

1. The person responding to an AED incident will document the event using the AED Post-Event Review Report form (Appendix B), within one (1) business day, and forward the completed copy of the form to the AED Cabinet Program Coordinator.
2. The AED Cabinet Program Coordinator will forward completed copy of the AED Post-Event Review Report form (Appendix B) to the AED Medical Oversight Physician.
3. Following the use of emergency response equipment, all equipment will be cleaned, decontaminated, disinfected, and properly disposed.
4. The AED will be taken out of service, and the AED Cabinet Program Coordinator will be notified to obtain replacement/new defibrillation pads and battery.

*[Appendix A]*


**PROTOCOL: Use of an AED Device**

The most critical aspect in resuscitation of a patient experiencing a heart attack or cardiac arrest is most often CPR and early defibrillation. The AED has been designed to decrease the amount of time between the patient's cardiac event and access to defibrillation. When such an event occurs, the following protocol should be strictly followed in deploying the AED device:


- STAY CALM and follow these instructions.
- Shake the patient and ask, "Are you alright?" in an effort to see if the patient is unresponsive or unconscious.
- If the patient does not respond to your efforts, designate individuals to call 911 for an ambulance (EMS) and to retrieve the AED device and bring it to the patient. Prepare the AED for use as soon as it arrives at the patient's side.
- Make sure that you direct someone, other than yourself, to meet and direct the ambulance (EMS) personnel to the location of the patient, when they arrive.
- While waiting for the AED, check to see whether the patient is breathing.
- If the AED device is delayed in arriving at the patient's side and the patient is not breathing, initiate CPR.
- As soon as the AED arrives at the patient's side, turn it on. Listen closely and follow the prompts given. The AED will instruct the user on what to do with a series of instructions.
  1. Check and assess the patient as directed to do so by the AED device.
  2. Apply the pads to the patient when directed to do so by the AED device.
  3. Press the "Treatment" or "Shock" button if and when advised to do so by the AED device.
  4. You may be directed to give up to three (3) "Treatments" or "Shocks" in succession. The AED will check the patient between treatments or shocks to determine what should be done next.
  5. Continue to follow AED directions until such time as EMS personnel arrive.

[Appendix B]

## AED Post-Event Review Form TC25-169

	KENTUCKY TRANSPORTATION CABINET Secretary's Office of Safety	TC 25-169 Rev. 02/2022 Page 1 of 1			
<b>AUTOMATED EXTERNAL DEFIBRILLATOR (AED) POST-EVENT REVIEW</b>					
<b>SECTION 1: PATIENT INFORMATION</b>					
LAST NAME		FIRST NAME	MI	JOB TITLE	
DATE OF BIRTH	DISTRICT	DEPARTMENT	DIVISION/FACILITY/WORK LOCATION		
<b>SECTION 2: EVENT INFORMATION</b>					
LOCATION OF EVENT			TIME OF EVENT	TIME OF AED ARRIVAL	
MINUTES BETWEEN EVENT AND AED ARRIVAL	POSITION PATIENT WAS FOUND <i>(lying, sitting...)</i>	PATIENT SKIN COLOR UPON ARRIVAL <i>(pale, blue...)</i>	POLICE REPORT # <i>(NA if not applicable)</i>		
				YES	NO
AED responder witnessed the patient's cardiac arrest.					
Emesis (vomit) was present.					
Visible signs of trauma were present. <i>(If "yes," briefly describe.)</i>					
Bystander(s) administered CPR. <i>(If "yes," list name(s) and contact information.)</i>					
Shockable rhythm present? <i>(If "yes," indicate total number of shocks delivered.)</i>					
IA-1 has been completed.					
<b>SECTION 3: TRANSFER OF PATIENT CARE</b>					
				YES	NO
Patient care was transferred following AED. <i>(If "yes," indicate to whom and the approximate time.)</i>					
A verbal report was provided upon transfer of patient care. <i>(If "yes," indicate by and to whom.)</i>					
Patient received follow-up care by emergency medical services (EMS).					
Patient received follow-up care at a hospital.					
<b>SECTION 4: SIGNATURES</b> <i>(Print name under each title prior to signing.)</i>					
PERSON COMPLETING REPORT	SIGNATURE			DATE	
SECRETARY'S OFFICE OF SAFETY EXEC DIRECTOR	SIGNATURE			DATE	
AED COMMONWEALTH PROGRAM COORDINATOR	SIGNATURE			DATE	
AED MEDICAL OVERSIGHT PHYSICIAN	SIGNATURE			DATE	
Once all signatures have been obtained, return this form to:		AED Commonwealth Program Coordinator Office of Legal Services, Kentucky Personnel Cabinet State Office Building, 501 High Street, Frankfort KY 40601			

[Appendix C]  
**AED Maintenance Checklist TC25-170**

	KENTUCKY TRANSPORTATION CABINET Secretary's Office of Safety	TC 25-170 Rev. 02/2022 Page 1 of 1	
<b>AUTOMATED EXTERNAL DEFIBRILLATOR (AED) MAINTENANCE CHECKLIST</b>			
<p><b>IMPORTANT:</b> Each AED unit shall be inspected monthly. If any FAIL boxes are checked, the issue must be corrected immediately or the unit shall be removed from service. (Refer to the product manual for additional information.) If an AED has been activated and used in an emergency situation, the district safety coordinator or the Secretary's Office of Safety shall be notified immediately.</p>			
<b>SECTION 1: OBSERVATIONS</b>			
		PASS	FAIL
1	Is the unit clean?		
	<p><b>Cleaning Instructions:</b></p> <ul style="list-style-type: none"> <li>• After each use, clean and disinfect the AED Plus with a soft, damp cloth using 90% isopropyl alcohol, soap and water, or chlorine bleach and water mixture (30 ml/liter water).</li> <li>• Do not immerse any part of the AED Plus in water.</li> <li>• Do not use ketones (such as MEK or acetone) to clean the AED Plus.</li> <li>• Avoid using abrasives (such as a paper towel) on the display window or IrDa port.</li> <li>• Do not sterilize the AED plus.</li> </ul>		
2	Are all signs of wear reasonable and not excessive?		
3	Are the front panel and housing undamaged and free of cracks?		
4	Are input connectors clean and undamaged?		
5	Are the electrodes pre-connected to the AED and sealed in their package?		
6	Are the electrodes within the expiration date shown on the package? <i>(Replace if expired.)</i>		
7	Are all cables free from damage, cracks, cuts, exposed, or broken wires?		
8	Are the pads sealed within the packaging?		
9	Open battery door and verify that the batteries have no signs of visible damage.		
10	Are the batteries within the expiration date? <i>(Replace all batteries every 5 years or if the unit prompts.)</i>		
11	Initiate manual self-test. Audible unit okay is noted. Green arrow is visible on the front of the unit. If a red "X" is visible in the status indicator window when the unit is on, power cycle the unit. If a red "X" is still visible in the status indicator window, remove the unit from service and refer to the product manual.		
12	Verify that supplies are available for use (razor, gloves, and breathing barrier).		
<b>SECTION 2: COMMENTS</b>			
<b>SECTION 3: SIGNATURE</b>			
<b>PRINT NAME</b>	<b>SIGNATURE</b>	<b>DATE</b>	

[Appendix D]

**Central Office AED Inventory**

Location	Manufacturer	Serial #
Sign Shop	Zoll	X23K746745
Geotech	Zoll	X07H127040
Support Services	Zoll	X24H836603
Safety Office TCOB	Zoll	X07H126594
1 <sup>st</sup> TCOB	Zoll	X14C664017
1 <sup>st</sup> TOC/Homeland Sec.	Zoll	X20B258980
2 <sup>nd</sup> TCOB	Zoll	X14C664018
3 <sup>rd</sup> TCOB	Zoll	X14C663897
4 <sup>th</sup> TCOB	Zoll	X14C662836
5 <sup>th</sup> Finance, Central	Zoll	X14C662910
5 <sup>th</sup> Finance, West	Zoll	X23C602392
6 <sup>th</sup> TCOB	Zoll	X05C055771
OIG-Berry Hill	Zoll	X19B113937
IM Shop	Zoll	X07H127028
Capital City Airport	Zoll	X14C662289
Warehouse	Zoll	X23E616799
Materials Lab	Zoll	X14C663903
Salvage	Zoll	X23E616885
C1 Repair	Zoll	X23E616942
C1 Receiving	Zoll	X23E616795
Equipment Office	Zoll	X25F921288

[Appendix E]

Department of Highways Districts AED Inventory

Send

completed

inventory

form to

[Chad.Wellman@ky.gov](mailto:Chad.Wellman@ky.gov)

District

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Manufacturer	Model	Mfg Year (if possible)	Serial Number	KYTC Inventory # (if any)	Location
ZOLL	#00847946002244		X07H126906		Hardin County Maint.
ZOLL	#00847946002244		X07H127050		Hardin County Equipment
ZOLL	#00847946002244		X21J421263		Meade County Maint
ZOLL	#00847946002244		X21J421267		Grayson County Maint
ZOLL	#00847946002244		X23H674977		Breckinridge County Maint
ZOLL	#00847946002244		X23H675035		Nelson County Maint
ZOLL	#00847946002244		X23H674966		LaRue County Maint
ZOLL	#00847946002244		X23H675043		Washington County Maint
ZOLL	#00847946002244		X23H675113		Taylor County Maint
ZOLL	#00847946002244		X23H675125		Marion County Maint
ZOLL	#00847946002244		X23H674990		Hart County Maint
ZOLL	#00847946002237		X21I418824		Hardin County Traffic
ZOLL	#00847946002237		X21I418863		Hardin County Traffic
ZOLL	#00847946002244		X14C664021	TP0000000131281	District Office

District                                  6

Send completed inventory form to [Chad.Wellman@ky.gov](mailto:Chad.Wellman@ky.gov)

Manufacturer	Model	Mfg Year (if possible)	Serial Number	KYTC Inventory # (if any)	Location
Philips	Heartstart FRx		B22H-01937	D061001 (District use only)	Agronomy
Philips	Heartstart FRx		B22I-01155	D061002 (District use only)	Sign Shop
Philips	Heartstart FRx		B22I-01040	D061003 (District use only)	Structures
Philips	Heartstart FRx		B22I-01156	D061004 (District use only)	Roberston County
Philips	Heartstart FRx		B22I-04791	D061005 (District use only)	Pendleton County
Philips	Heartstart FRx		B22I-06218	D061003 (District use only)	Bracken County
Philips	Heartstart FRx		B22I-05266	D061007 (District use only)	Harrison County
Philips	Heartstart FRx		B22I-06209	D061008 (District use only)	Gallatin County
Philips	Heartstart FRx		B22I-06221	D061009 (District use only)	Carroll County
Philips	Heartstart FRx		B22I-06225	D061010 (District use only)	Owen County
Philips	Heartstart FRx		B22I-06228	D061011 (District use only)	Grant County
Philips	Heartstart FRx		B22I-06425	D061012 (District use only)	Campbell County
Philips	Heartstart FRx		B22I-06432	D061013 (District use only)	Kenton County
Philips	Heartstart FRx		B22I-06435	D061014 (District use only)	Boone County
Philips	Zoll AED Plus		X14C663896	TP000000131283	District Office

District 8 Send completed inventory form to Chad.Wellman@ky.gov

Manufacturer	Model	Serial Number	Location
ZOLL	AED PLUS	Z231686398	Columbia Equipment
ZOLL	AED PLUS	X231686409	Russell Maint
ZOLL	AED PLUS	X23H685764	Pulaski Maint
ZOLL	AED PLUS	X24B794276	Sign Shop D -8
ZOLL	AED PLUS	X23I686067	Somerset Equipment
ZOLL	AED PLUS	X23I686071	Wayne Maint
ZOLL	AED PLUS	X24B794169	Road Side D -8
ZOLL	AED PLUS	X23H646614	McCreary Maint
ZOLL	AED PLUS	X23I687408	Clinton Maint
ZOLL	AED PLUS	X21I48876	Signal Truck 1618
ZOLL	AED PLUS	X21I418755	Signal truck
ZOLL	AED PLUS	X21I418818	Signal truck 2008
ZOLL	AED PLUS	X21I48753	Signal truck 1273
ZOLL	AED PLUS	X23H686409	Cumberland Maint
ZOLL	AED PLUS	X231686509	Casey Maint
ZOLL	AED PLUS	X231685878	Adair Maint
ZOLL	AED PILUS	X231686391	Lincoln Maint
ZOLL	AED PLUS	X14C664038	D/O-8
ZOLL	AED PLUS	X25H934827	Stanford Section Office
ZOLL	AED PLUS	X25H934911	Somerset Section Office
ZOLL	AED PLUS	X25H934939	Structures
ZOLL	AED PLUS	X25H939314	Monticello Section Office
ZOLL	AED PLUS	X25H934866	Russell Spring Section Office

## DISTRICT 9 AED LIST

LOCATION	SERIAL NUMBER	PAD EXP DATE	BATTERY EXP DATE
DISTRICT OFFICE	X14C664025	7/27/2029	March-32
ASHLAND SIGNAL TECH TRUCK	X211418607	11/28/2026	March-30
ASHLAND SECTION OFFICE	X25E911645	7/26/2030	March-34
BATH COUNTY MAINTENANCE	X23J709008	12/23/2028	March-32
BOYD COUNTY MAINTENANCE	X23J710867	12/23/2028	March-32
CARTER COUNTY MAINTENANCE	X23J712314	12/23/2028	March-32
CARTER COUNTY ROADSIDE	X07H127019	7/27/2029	March-31
ELLIOTT COUNTY MAINTENANCE	X23J708980	12/23/2028	March-32
FLEMING COUNTY MAINTENANCE	X23J712556	12/23/2028	March-32
FLEMING COUNTY TRAFFIC	X23J710061	12/23/2028	March-32
FLEMINGSBURG SIGNAL TECH TRUCK	X21J418895	11/28/2026	March-30
FLEMINGSBURG SECTION OFFICE	X25E911842	7/19/2030	March-34
FLEMING COUNTY EQUIPMENT	X23J712413	12/23/2028	March-32
FLEMING CO ROADSIDE/STRUCTURES	X23J709908	12/23/2028	March-32
GRAYSON SECTION OFFICE	X25D904684	7/19/2030	March-34
GREENUP COUNTY MAINTENANCE	X23J711425	12/23/2028	March-32
LEWIS COUNTY MAINTENANCE	X23J712459	12/23/2028	March-32
NICHOLAS COUNTY MAINTENANCE	X23J712537	12/23/2028	March-32
MASON COUNTY MAINTENANCE	X23J711304	12/23/2028	March-32
MATERIALS	X25C892696	7/26/2030	March-34
MOREHEAD SECTION OFFICE	X25E911169	7/26/2030	March-34
ROWAN COUNTY MAINTENANCE	X23J711271	12/23/2028	March-32
ROWAN COUNTY STRUCTURES	X23J712524	12/23/2028	March-32
SAFETY	X07H126907	7/27/2029	March-32